

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|--|---|------------------------------|--|---|---|
| NAME OF FILER Avelino Valencia for State Assembly 2024 | | | Date of This Filing 04/07/2023 | Date Stamp Page 1 of 3 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (916)285-5733 | I.D. NUMBER (if applicable) 1457022 | Report No. 6955733-CB | | | |
| STREET ADDRESS | | | | | |
| CITY Sacramento | STATE CA | ZIP CODE 95815 | | | |
| | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| | | | No. of Pages 3 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 04/04/2023 | California State Council of Laborers PAC Small Contributor Committee Sacramento, CA 95814 ID# 902770 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$5,500.00 |
| 04/04/2023 | Centene Management Company, LLC and it's affiliate Health Net Community Solutions, Inc. Sacramento, CA 95814 Memo Reference: F497P1.INC111 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$5,500.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

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| STREET ADDRESS | | | | | |
| CITY Sacramento | STATE CA | ZIP CODE 95815 | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
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Reason for Amendment:

Memo Reference: F497P1.INC111
Responsible Officer: Allison Barnett